

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

RECEIVED

SD Secretary of State

1. TITLE OF NEWSPAPER Mobridge Tribune		2. DATE 9/21/2023
3. FREQUENCY OF ISSUE weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$ 52
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 1413 E Grand Crossing, Mobridge, Walworth, SD 57601		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) 1413 E Grand Crossing, Mobridge SD, 57601		
6. FULL NAME OF PUBLISHER: Kelsey Majeske		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)		
FULL NAME Joseph Mullen		COMPLETE MAILING ADDRESS 75 N Main St Buffalo, WY 82834
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) First Northern Bank of WY		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	2603	2434
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	750	600
2. Mail Subscription (Paid and or requested)	1350	1327
3. Paid Electronic Copies	403	434
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	2503.	2361
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	34	32
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	10	10
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	2547	2403
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	26	31
2. Return from News Agents	30	0
G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)	2603	2434

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
 I swear that the statements made by me are true, correct, and complete:

Kelsey Majeske
 (Signature)

Publisher

(Title)

State of South Dakota)

County of *Walworth*)

(Seal)

Sworn to before me this *21* day of *September*, 20*23*

Arden Pahl

Notary Public

My commission expires: *8-1-25*

